

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030875

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

543

Registrar's No.

2134

STATE FILE NUMBER

FILED JUL 25 1963

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Jennings**

Length of stay in 1b
10 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Hightower Nursing**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1397a Burd Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First **Home** Middle Last

Lester

E.

Seim

4. DATE OF DEATH

Month **July** Day **3** Year **1963**

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-18-90

9. AGE (last birthday)

73

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist (ret.)

Emerson Elec.

Bunker Hill, Ill.

U.S.A.

11. BIRTHPLACE (City and state or country)

Bunker Hill, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Seim

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Hazel I. Seim

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Miss Frances Seim, 1397a Burd

17. INFORMANT

Miss Frances Seim, 1397a Burd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral infarction

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic brain syndrome

unknown

DUE TO (c)

Hypertensive cerebrovascular disease

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus, obesity

4222

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **June 20, 1963** to **July 3, 1963** and last saw him alive on **July 1, 1963**
Death occurred at **2** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lewis Littmann MD

22b. ADDRESS

8231 Clayton Rd (17)

22c. DATE SIGNED

7/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal (Motor)

23b. DATE

7-5-63

23c. NAME OF CEMETERY OR CREMATORY

Bunker Hill Cemetery

23d. LOCATION (City, town, or county)

Bunker Hill Ill.

24. FUNERAL DIRECTOR

ADDRESS

Drehmann-Haral, 1905 Union Blvd.

25. DATE REC'D. BY LOCAL REG.

7-3-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

Dr. Lewis Littman
8231 Clayton Rd.
Pa 7-0202
Hrs. 3-5 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address: St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.